

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005838**

1. Entity Name

TURKEY CREEK ENTERPRISES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -7 AM 10:02

Principal Place of Business

123 CHESAPEAKE AVENUE
TAMPA FL 33606

Mailing Address

123 CHESAPEAKE AVENUE
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTA, FRANK J
123 CHESAPEAKE AVENUE
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COSTA, FRANK J
STREET ADDRESS 123 CHESAPEAKE AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME 200003391822--6
STREET ADDRESS -09/13/00--01076--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME COSTA, CONSTANCE C
STREET ADDRESS 109 CHESAPEAKE AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/1/00 813 248-3397
Date Daytime Phone #

CR2E083 (5/00)